

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-041646

042

1000

1349

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1349

FILED DEC 10 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	Length of stay in 1b 20 yrs	c. CITY OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1801 So. 10th St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JULIA Middle LEOTA Last ALBERTSON			4. DATE OF DEATH Month November Day 29 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/1909	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months 5 Days 1 Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Platte City Missouri	

13a. FATHER'S NAME Lewis Stone		13b. MOTHER'S MAIDEN NAME Julia Amos		14. NAME OF HUSBAND OR WIFE Mr. Frank Albertson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mr. Frank Albertson Address 1801 So. 10th St. Joseph, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hadgkins Disease - Advanced DUE TO (b) 4 days anemia senilis & cachectic DUE TO (c) approx 5 yrs		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:15P a.m. 5:15P p.m. 5:15P		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

20f. CITY, TOWN, OR LOCATION St. Joseph, Mo.		20g. COUNTY Buchanan		20h. STATE Missouri	
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21. I attended the deceased from 2-13-1950 to 11-29-62 and last saw her alive on 11-29-62 Death occurred at 5:15P m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE W. B. Rost, M.D. (Degree or title)		22b. ADDRESS 316 No 10th St Joseph Mo		22c. DATE SIGNED 11-30-62	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/3/62		23c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery	
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23d. LOCATION (City, town, or county) Lathrop Missouri		24. FUNERAL DIRECTOR Stamey Funeral Home		25. DATE RECD. BY LOCAL REG. Dec. 4, 1962	
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26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
W. B. Rost, M.D.

VS 300
Rev. 4/59

15/17

25/17

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Permit issued 11/30/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.